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IFW

Mail Stop Response
Attorney Docket No. 26274

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

FRANCHI et al.

Serial No.: 10/506,407

Group Art Unit: 1617

Filed: September 1, 2004

Examiner: A.M. Cotton

For: COSMETIC USE OF PHYTOSPHINGOSINE AS A SLIMMING AGENT AND
COSMETIC COMPOSITIONS CONTAINING PHYTOSPHINGOSINE

TRANSMITTAL LETTER

Mail Stop AMENDMENT
Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

Submitted herewith for filing in the U.S. Patent and Trademark
Office is the following:

- (1) Transmittal Letter;
- (2) Response to Office Action.

The Commissioner is specifically authorized to charge any required
fee deficiency under 37 CFR § 1.16 or 1.17, or credit any overpayment, to
Deposit Account No. 14-0112 in connection with this matter.

Respectfully submitted,

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Date: November 18, 2005
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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Document Number: **10 506407**

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	53 minus 20 =	23
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

9-10 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	53 Minus		=
Independent	3 Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE		OR	BASIC FEE	920
XS 9=		OR	XS16=	594
X43=		OR	X86=	
+145=		OR	-290=	
TOTAL		OR	TOTAL	

SMALL ENTITY

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

11-10-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	34 Minus	53	= +
Independent	3 Minus	3	= /
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	50
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	50

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus		=
Independent	Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.